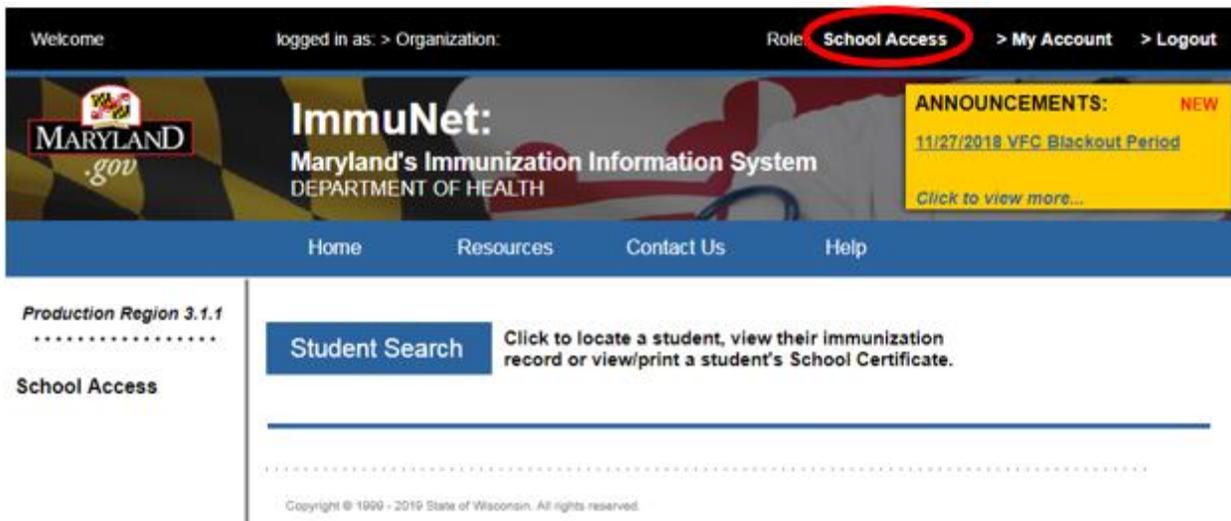


Welcome to ImmuNet!

The ImmuNet user role of **School Access** is a **read-only** access role, especially for users of school and child care organizations. If you are assigned this role you will be able to:

- [Search for the immunization record](#)
- [View the immunization record](#)
- [Print the Immunization Certificate](#)
- [Save the Immunization Certificate](#)
- [Change your ImmuNet password](#)

Your main screen will look like this:



Search for the Immunization Record

On the left navigator click **School Access**, **Student Search**

School Access

> Student Search

or click the [blue](#) button **Student Search**.



Student Search

Type in the **Last Name**, **First Name**, and **Birth Date** and click **Search**.

Home Resources Contact Us Help

Production Region 3.1.1
.....

School Access

Student Search

Last Name ImmuNet ID **Search**

First Name **Clear**

Middle Name **Cancel**

Birth Date 

Phone - -

Gender

Mother's Maiden Last

Mother's First Name

If there are no records for the student, you will see this message:

Student Search Criteria / Results

Last Name ImmuNet ID **Search**

First Name **Cancel**

Middle Name

Birth Date 

Phone - -

Gender

Mother's Maiden Last

Mother's First Name

Possible Matches: 0

Last Name	First Name	Middle Name	Birth Date	Gender
No patients were found for the requested search criteria.				

If you find the student, click on the [blue](#) last name link for the student's last name.

Student Search Criteria / Results

Last Name ImmuNet ID

First Name

Middle Name

Birth Date 

Phone - -

Gender

Mother's Maiden Last

Mother's First Name

Search

Cancel

Possible Matches: 1

Last Name	First Name	Middle Name	Birth Date	Gender
PATIENT	TEST		02/23/2009	M

View the Immunization Record

History					
Vaccine Group	Date Administered	Series	Trade Name [Vaccine]	Dose	Reaction
DTP/aP	11/11/2015	1 of 5	Kinrix®	Full	
HepA	05/27/2016	1 of 2		Full	
Hib	05/27/2016			Full	
	06/01/2016			Full	
MMR	11/11/2015	1 of 2	Proquad®	Full	
Pneumo-Poly	04/18/2016	1 of 2	Prevnar 13®	Full	
Polio	11/11/2015	1 of 3	Kinrix®	Full	
Varicella	11/11/2015	1 of 2	Proquad®	Full	
Current Age: 10 years, 1 month, 4 days					
Vaccines Recommended by Selected Tracking Schedule					
Vaccine Group	Recommended Vaccine	Earliest Date	Recommended Date	Overdue Date	Latest Date
DTP/aP	Maximum Age Exceeded				
HepA		11/27/2016	11/27/2016	12/27/2017	
HepB		02/23/2009	02/23/2009	03/23/2009	
Hib	Maximum Age Exceeded				
HPV		02/23/2018	02/23/2020	03/23/2022	02/22/2024
Influenza		08/23/2009	08/01/2018	02/23/2010	
Meningo		02/23/2020	02/23/2020	02/23/2022	02/22/2031
MMR		12/09/2015	12/09/2015	01/11/2016	
Pneumo-Poly	Pneumococcal 23	02/23/2074	02/23/2074	02/23/2076	
Polio		12/09/2015	12/09/2015	02/11/2016	
Td	Tdap > 7 years	02/23/2016	02/23/2016	02/23/2016	
Tdap	Tdap > 7 years	02/23/2016	02/23/2020	02/23/2022	
Varicella		02/03/2016	02/03/2016	03/23/2016	

To view the immunization record, click the [blue](#) button **MD 896 School Cert.**

Student Information	Print	Print Confidential	MD 896 School Cert.	Blood Lead	Cancel
Student Name (First - MI - Last)	DOB	Gender	Tracking Schedule		
TEST PATIENT	02/23/2009	M	ACIP		
Comments					

MARYLAND DEPARTMENT OF HEALTH IMMUNIZATION CERTIFICATE

CHILD'S NAME		PATIENT		TEST									
		LAST		FIRST MI									
SEX: MALE <input checked="" type="checkbox"/>	FEMALE <input type="checkbox"/>	BIRTHDATE											
		02/23/2009											
COUNTY	Montgomery	SCHOOL	GRADE										
PARENT OR GUARDIAN NAME	KIA SMITH		PHONE NO.										
ADDRESS	3513 SILVER PARK DRIVE		CITY	TAKOMA PARK ZIP 20913									
RECORD OF IMMUNIZATIONS (See Notes on Other Side)													
Vaccines Type													
Dose #	DTP-DTaP-DT Mo/Day/Yr	Polio Mo/Day/Yr	Hib Mo/Day/Yr	Hep B Mo/Day/Yr	PCV Mo/Day/Yr	Rotavirus Mo/Day/Yr	MCV Mo/Day/Yr	HPV Mo/Day/Yr	Dose #	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	History of Varicella Disease Mo/Yr
1	11/11/2015	11/11/2015							1	05/27/2016	11/11/2015	11/11/2015	
2									2				
3										Td Mo/Day/Yr	Tdap Mo/Day/Yr	MMII Mo/Day/Yr	Other Mo/Day/Yr
4													
5													
1. _____ Signature Title Date (Medical provider, local health department official, school official, or child care provider only)	Clinic / Office Name Office Address/ Phone Number Archbishop Borders School 3500 Foster Ave. BALTIMORE, MD 21224 (410) 276-6534 MDH - Maryland ImmuNet Immunization Registry Program 201 W. Preston St., 3rd floor Baltimore, MD 21201 (410)-767-6606												
		2. _____ Signature Title Date											
		3. _____ Signature Title Date											

COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.

MEDICAL CONTRAINDICATION:

Please check the appropriate box to describe the medical contraindication.

This is a Permanent condition OR Temporary condition until ____/____/____
Date

The above child has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication, _____

Signed: _____ Date: _____
Medical Provider / LHD Official

RELIGIOUS OBJECTION:

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: _____ Date: _____

Print the Immunization Certificate

To print, right-click directly on the certificate and click **Print**



MARYLAND DEPARTMENT OF HEALTH IMMUNIZATION CERTIFICATE

CHILD'S NAME: PATIENT: _____ TEST: _____
LAST: _____ FIRST: _____ MI: _____

SEX: MALE FEMALE BIRTHDATE: 02/11/2009

COUNTY: Montgomery SCHOOL: _____ GRADE: _____

PARENT OR GUARDIAN NAME: KRA SMITH PHONE NO: _____
ADDRESS: 380 SILVER PARK DRIVE CITY: TAKOMA PARK ZIP: 20912

RECORD OF IMMUNIZATIONS (See Notes on Other Side)

DATE	IMMUNIZATION	AGE	STATUS	REMARKS	DATE	IMMUNIZATION	AGE	STATUS	REMARKS
10/14/2015	10/14/2015								

To the best of my knowledge, the vaccines listed above were administered

Signature: _____ Title: _____ Date: _____
(Official of public health department, official, school official, or child-care provider only)

Signature: _____ Title: _____ Date: _____
Signature: _____ Title: _____ Date: _____

Lines 2 and 3 are for certification of vaccines given after the initial

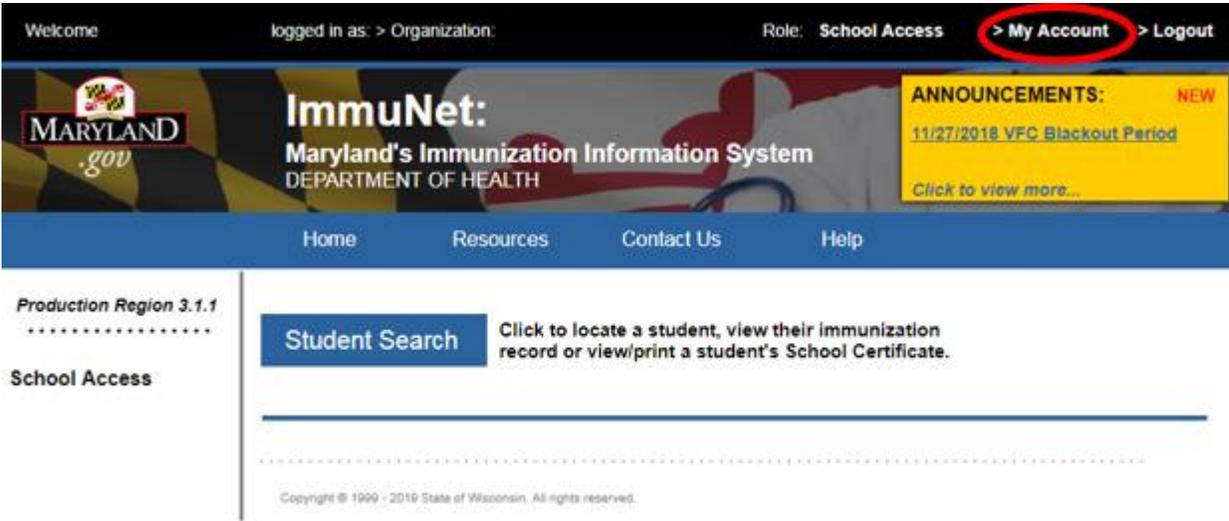
COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATIONS THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.

or click the printer icon in top-right corner of the screen.



Change your ImmuNet Password

To change your ImmuNet password, click **My Account**.



The screenshot shows the ImmuNet user interface. At the top, there is a navigation bar with the following items: "Welcome", "logged in as: > Organization:", "Role: School Access", and a red circle around "> My Account" followed by "> Logout". Below this is a banner with the ImmuNet logo and the text "Maryland's Immunization Information System DEPARTMENT OF HEALTH". To the right of the banner is a yellow "ANNOUNCEMENTS: NEW" box with the text "11/27/2018 VFC Blackout Period" and a link "Click to view more...". Below the banner is a blue navigation bar with "Home", "Resources", "Contact Us", and "Help". On the left side, there is a sidebar with "Production Region 3.1.1" and "School Access". In the main content area, there is a "Student Search" button and a link "Click to locate a student, view their immunization record or view/print a student's School Certificate." At the bottom, there is a copyright notice: "Copyright © 1999 - 2019 State of Wisconsin. All rights reserved."

On the left navigator click **Manage My Account, Change My Password**

Applications

Manage My Account

- > Change My Password
- > Edit My User Account

Security Questions >

Type in a new password in the **New Password** field and again in the **Confirm New Password** field, keeping in mind the guidelines for creating a new password.

Click **Save**.

Change Password

Password re-set rules:

1. Password must include a mix of upper and lower case characters.
2. Password must contain at least 1 number(s).
3. Password must be at least 8 characters in length.
4. New Password cannot match a previously used password.

User School Access User

Username saccessuser

* New Password

* Confirm New Password

Save

If your password is accepted, you will see the following message in **red** at the top of the screen (if not, you will have to type a different password into the fields New Password and Confirm New Password and click Save):

**** Password Updated, to access ImmuNet click on "ImmuNet" within the main menu on the left under Applications. ****

Change Password

Password re-set rules:

1. Password must include a mix of upper and lower case characters.
2. Password must contain at least 1 number(s).
3. Password must be at least 8 characters in length.
4. New Password cannot match a previously used password.

User School Access User

Username saccessuser

* New Password

* Confirm New Password

Save

To access ImmuNet Click **Applications, ImmuNet.**

Applications

> ImmuNet

Click on the [blue](#) organization name link or

click on the appropriate organization link for which you are trying to access, if you have access to more than one organization.

Select an Organization link below to access ImmuNet.

Select one Organization as your default.

Default Org	Organization Listing
<input checked="" type="radio"/>	School